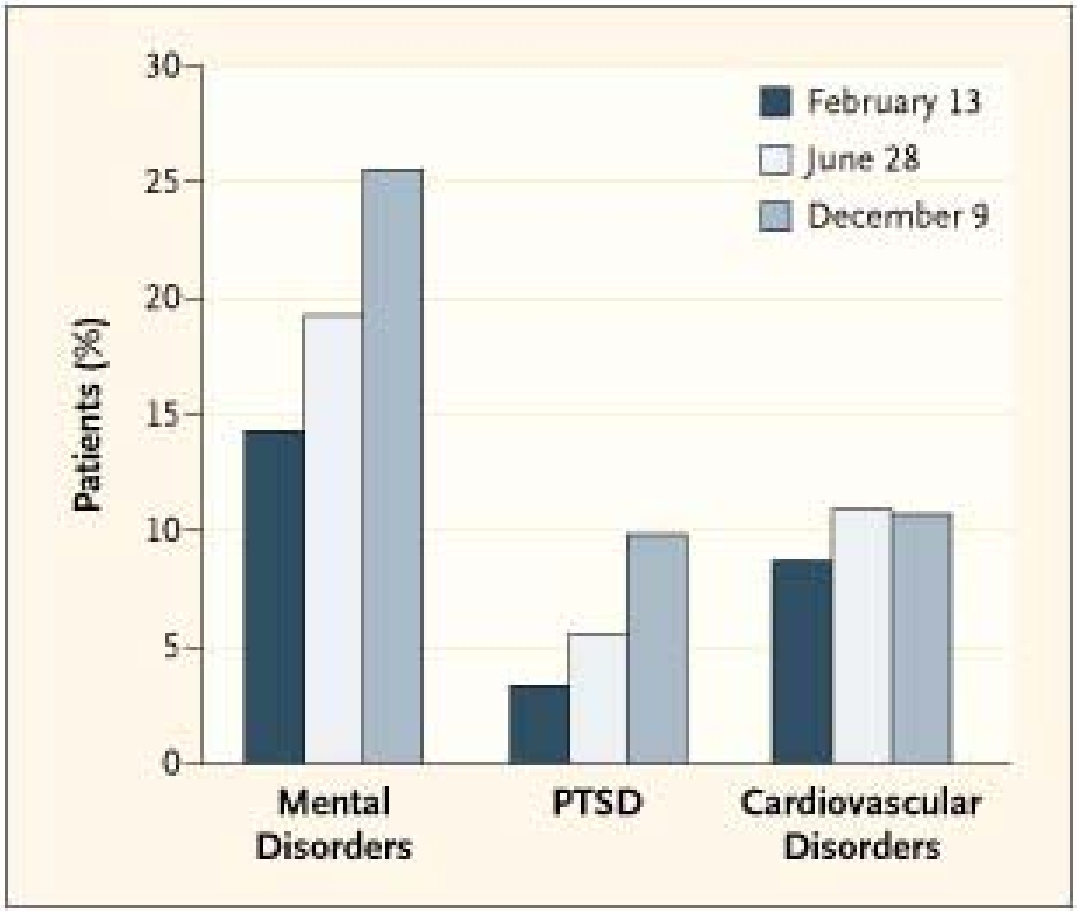
Response Strategies: Community Perspectives

Dr. Sushma D. Taylor Center Point, Inc. San Rafael, CA


MASSACHUSETTS

Mental Health and Cardiovascular Disorders among Veterans of Iraq and Afghanistan Treated at the VA through 2004



Kang, H. K. et al. N Engl J Med 2005;352:1289

Combat Experiences Reported by Members of the U.S. Army and Marine Corps after Deployment to Iraq or Afghanistan

Table 2. Combat Experiences Reported by Members of the U.S. Army and Marine Corps after Deployment to Iraq or Afghanistan.*

Experience	Army Groups		Marine Group
	Afghanistan (N=1962)	Iraq (N=894)	Iraq (N=815)
	number/total number (percent)		
Being attacked or ambushed	1139/1961 (58)	789/883 (89)	764/805 (95)
Receiving incoming artillery, rocket, or mortar fire	1648/1960 (84)	753/872 (86)	740/802 (92)
Being shot at or receiving small-arms fire	1302/1962 (66)	826/886 (93)	779/805 (97)
Shooting or directing fire at the enemy	534/1961 (27)	672/879 (77)	692/800 (87)
Being responsible for the death of an enemy combatant	229/1961 (12)	414/871 (48)	511/789 (65)
Being responsible for the death of a noncombatant	17/1961 (1)	116/861 (14)	219/794 (28)
Seeing dead bodies or human remains	771/1958 (39)	832/879 (95)	759/805 (94)
Handling or uncovering human remains	229/1961 (12)	443/881 (50)	455/800 (57)
Seeing dead or seriously injured Americans	591/1961 (30)	572/882 (65)	604/803 (75)
Knowing someone seriously injured or killed	850/1962 (43)	751/878 (86)	693/797 (87)
Participating in demining operations	314/1962 (16)	329/867 (38)	270/787 (34)
Seeing ill or injured women or children whom you were unable to help	907/1961 (46)	604/878 (69)	665/805 (83)
Being wounded or injured	90/1961 (5)	119/870 (14)	75/803 (9)
Had a close call, was shot or hit, but protective gear saved you	—†	67/879 (8)	77/805 (10)
Had a buddy shot or hit who was near you	—†	192/880 (22)	208/797 (26)
Clearing or searching homes or buildings	1108/1961 (57)	705/884 (80)	695/805 (86)
Engaging in hand-to-hand combat	51/1961 (3)	189/876 (22)	75/800 (9)
Saved the life of a soldier or civilian	125/1961 (6)	183/859 (21)	150/789 (19)

* Data exclude missing values, because not all respondents answered every question. Combat experiences are worded as in the survey.
† The question was not included in this survey.

Hoge, C. et al. N Engl J Med 2004;351:13-22

Perceived Barriers to Seeking Mental Health Services among All Study Participants (Soldiers and Marines)

Table 5. Perceived Barriers to Seeking Mental Health Services among All Study Participants (Soldiers and Marines).*

Perceived Barrier	Respondents Who Met Screening Criteria for a Mental Disorder (N=731)	Respondents Who Did Not Meet Screening Criteria for a Mental Disorder (N=5422)
	no./total no. (%)	
I don't trust mental health professionals.	241/641 (38)	813/4820 (17)
I don't know where to get help.	143/639 (22)	303/4780 (6)
I don't have adequate transportation.	117/638 (18)	279/4770 (6)
It is difficult to schedule an appointment.	288/638 (45)	789/4748 (17)
There would be difficulty getting time off work for treatment.	354/643 (55)	1061/4743 (22)
Mental health care costs too much money.	159/638 (25)	456/4736 (10)
It would be too embarrassing.	260/641 (41)	852/4752 (18)
It would harm my career.	319/640 (50)	1134/4738 (24)
Members of my unit might have less confidence in me.	377/642 (59)	1472/4763 (31)
My unit leadership might treat me differently.	403/637 (63)	1562/4744 (33)
My leaders would blame me for the problem.	328/642 (51)	928/4769 (20)
I would be seen as weak.	413/640 (65)	1486/4732 (31)
Mental health care doesn't work.	158/638 (25)	444/4748 (9)

* Data exclude missing values, because not all respondents answered every question. Respondents were asked to rate "each of the possible concerns that might affect your decision to receive mental health counseling or services if you ever had a problem." Perceived barriers are worded as on the survey. The five possible responses ranged from "strongly disagree" to "strongly agree," with "agree" and "strongly agree" combined as a positive response.

Hoge, C. et al. N Engl J Med 2004;351:13-22

Study Overview

- **Military personnel returning from combat duty in Iraq and Afghanistan have experienced traumatic events such as being shot at, killing someone, and knowing someone who was injured or killed**
- **Only 27% of soldiers who screened positive for depression, anxiety or traumatic stress reported receiving services from a mental health provider during deployment.**
- **Barriers to treatment include concern about the stigma associated with mental illness and possible harm to career**
- **Less than 32% who need mental health care receive it because of fear of repercussions.**
  - **59% said they might be seen as weak.**
  - **58% feared they would be treated differently.**

Mental Health Advisory Team Recommendations

OIF MHAT-I

Dr. Sushma D. Taylor Center Point, Inc. San Rafael, CA

- Appoint a BH Consultant to advise the Surgeon
- Execute an aggressive BH outreach program
- Distribute BH resources appropriately

The overall behavioral health personnel to soldiers ratio has increased from 1 to 846 to 1 for each 407 soldiers.

- Field a standardized needs assessment tool for soldiers and units
- Train soldiers in meeting the demands of deployment/combat-related stressors
- Designate proponents to manage the Suicide Prevention Programs

- Maintain vigilance, ensure soldiers at risk for suicide receive appropriate support
- Conduct training that provides crisis intervention skills to designated soldiers with a goal of one trained soldier per company

- Implement surveillance of completed suicides and serious suicide attempts with standardized suicide event reporting

- Establish a command climate that encourages appropriate help-seeking behavior by distressed soldiers. Behavioral health care should be delivered as far forward as possible to maximize the likelihood of successfully returning soldiers to duty

Department of Veterans Affairs

- 20% of Soldiers suffer PTSD, Depression or Anxiety (185,000).
- PTSD incidents grew from 100,000 (1999) to 215,871 in 2004.
- By September 2004, the Army had evacuated 885 troops from Iraq for psychiatric reasons.

Department of Veterans Affairs Cont.

- As of July 2004, 31,000 veterans of Operation Iraqi Freedom had applied for disability benefits for injuries and/or psychological ailments.
- Alcohol misuse rose from 13% among soldiers to 21% one year after returning from Iraq and Afghanistan.
- An estimated 340,000 male veterans had co-occurring serious mental illness and a substance abuse disorder in 2002 and 2003.

Quality Health Care - IOM

- ***Safety*** **– avoid injury to patients from care.**
- ***Effectiveness*** **– provide services based on scientific knowledge.**
- ***Patient-centered*** **– provide care that is respectful and responsive, and ensures that patient values guide all clinical decisions.**

Quality Health Care - IOM

- ***Timely*** **– reduce harmful delays for those who receive and those who give care.**
- ***Efficient*** **– avoid waste of equipment, supplies, ideas and energy.**
- ***Equitable*** **– provide care that is consistent in quality and considers characteristics such as gender, ethnicity, geographic location and/or socio-economic status.**

Service Principals - IOM

- ***Quality services*** **- should be based on continuous healing relationships and patients should receive care whenever they need it in many forms**

- ***Evidence-based decision making*** **– patients should receive care that is scientifically based and care should not vary illogically from clinician to clinician or from place to place.**

Service Principals - IOM

- ***Anticipation of needs*** **– the health care system should anticipate patient needs, rather than simply reacting to events.**
- ***Continuous decrease in waste*** **– the health care system should not waste resources or patient time.**
- ***Cooperation among clinicians*** **– clinicians and institutions should collaborate and communicate to ensure exchange of information and coordination of care.**

TCA Principles for Veterans

- **Veterans must be treated with dignity and welcomed to a system of mental health and substance abuse services that are seamless and client-centered**
- **Urge Federal agencies to coordinate efforts to define, leverage, and enhance resources for veterans' primary care, mental health, and substance abuse services.**
- **Service providers, employers, and faith-based organizations must be active in reaching out and coordinating efforts which assure identification, referral, and treatment of veterans for mental health and substance abuse.**

TCA Principles for Veterans

- **Services should be available in proximity to veterans' homes, and communities. Families should also have access to supportive services.**
- **Professional service providers should be engaged in ongoing clinical training to develop the skills necessary to assess and treat veterans who are at risk for substance abuse, mental health and combat stress.**
- **Treatment for veterans should be provided in a caring environment in a nonjudgmental manner free of stigma and censor.**

Recommended Actions

- **Develop public-private partnerships to expand collaborative services**
- **Encourage Veterans Administration, HHS and DOD to expand and outsource services**
- **Develop regional case management systems to coordinate public-private resources**

Recommended Actions Cont.

- **Develop services in communities where veterans live by subcontracting with existing local service providers**
- **Provide National and Regional training centers for education, training and technology transfer.**


U.S. ARMY